



AF/1635

Docket No. 21327-0701 US1

**Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):**

[ X ] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

[ ] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner \_\_\_\_\_ at Facsimile No. \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Dated: April 7, 2003

Name of Person Certifying: Nancy Hine

Printed Name:

Nancy Hine

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Gill et al.  
Filing Date: January 19, 2000  
Serial No.: 09/487,023  
Title: **METHOD AND COMPOSITIONS FOR TREATMENT OF KAPOSI'S SARCOMA**

Assignee: Not Assigned  
Examiner: McGarry, Sean  
Group Art Unit: 1635

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE & FEE TRANSMITTAL**

Sir:

This is in response to the Office Action mailed on February 6, 2003 ("Office Action" or "Paper No. 13"). Enclosed herewith for filing are the following:

- ☐ A Response/Amendment [ ] page(s)
- ☐ A Response to Restriction Requirement under 35 USC § 121 [ ] page(s)
- ☐ A Response Under 37 CFR § 1.111 [ ] pages
- ☒ A Response Under 37 CFR § 1.116 [13] pages
- ☐ Other \_\_\_\_\_ [ ] page(s)

Also included are:

- ☐ Authorization for Extension of Time [ ] month(s)  
**See Page 2 for Deposit Account Withdrawal Authorization**
- ☐ Information Disclosure Statement  
[ ] page(s) of PTO-1449 [ ] copies of IDS citations
- ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☐ Other: \_\_\_\_\_

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Fee Calculation						
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	15	20	-0-	× \$18.00	× \$9.00	\$ -0-
Independent claims	1	3	-0-	× \$84.00	× \$42.00	\$ -0-
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280.00	\$140.00	\$ -0-
Petition for Extension of Time Fee (___ months)						\$ -0-
OTHER FEES _____ (specify)						\$ -0-
<b>TOTAL FEES =</b>						<b>\$ -0-</b>

- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- ☐ Please charge Deposit Account No. **50-2518**, Docket No. \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **50-2518**, Docket No. **21327-0701 US1**. *A duplicate copy of this sheet is enclosed.*

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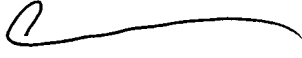
**NOTICE OF FIRM NAME CHANGE**

Agent for Applicant wish to inform the Office that McCutchen, Doyle, Brown & Enersen LLP has been changed to Bingham McCutchen LLP.

DATE: April 7, 2003

Respectfully submitted,

By: \_\_\_\_\_

  
Chris J. Ullsperger, Ph.D.  
Registration No.: 48,006

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